

## **ATTITUDE, PRACTICE OF CONTRACEPTION EDUCATION AND ITS IMPLICATION FOR SUSTAINABLE DEVELOPMENT: A STUDY OF STUDENTS IN TERTIARY INSTITUTIONS IN ENUGU STATE SOUTHEAST NIGERIA**

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### **ABSTRACT**

This work determined the attitude and practice of contraception and its implication for sustainable development among the tertiary students in Enugu state southeast Nigeria. The method used was a cross sectional survey involving 600 students in 4 tertiary institutions. The result showed that 92.5% of the respondents have had about contraception while only 8.5% practice its usage. The main source of information about contraception is the mass media. The paper concluded that the students of the tertiary institutions in Enugu state were found to be exposed to unprotected sex. This could lead to much health related problems, out of school, Human immune virus/Acquired immune deficiency syndrome, and even death. This has serious implications for national development, since most of them are of the productive age bracket. The paper recommended that Nigeria's educational curricula should be restructured to involve sexual reproductive health early in educational life of the children.

**KEYWORDS:** Practice, Attitude, Contraception, Unwanted pregnancy, Sustainable Development

### **INTRODUCTION**

Pregnancy that is not planned is a major health and social problem in the society. This would have a great effect on sustainable development in Nigeria. This could delay the achievement of the Millennium development goals one, four, five and six which is about reducing extreme hunger and poverty, reducing child mortality, improving maternal health and combating HIV/AIDS, Malaria and other diseases. The human and socioeconomic implications of unplanned pregnancy such as parenting under difficult circumstances, abortion, and mortality as well as out of school by the teenagers are enormous. Nigeria just as other underdeveloped countries has a high maternal mortality rate; with unsafe abortion being one of the major causes (Farris and Benagiano, 2008). Studies have shown that 585,000 women die from complications of pregnancy and unsafe abortion; and that about 10 to 20 percent of the pregnancies are unwanted at the time of conception (WHO and UNICEF, 2007). Many people embark on sexual intercourse for different purposes which could end up in unplanned pregnancy. Abortion has been seen as the cause of half of emergency gynecological admissions in most developing countries (Obionu and Okonkwo, 2009). The studies according to (Akingba and Adedoya, 2010, Bastianelli, Farris and Benagiano, 2008) in Nigeria revealed that 90% and 61% respectively of most women treated for illegal abortion were unmarried teenagers support the fact that young single adolescents are more likely to expose

themselves to the risks behaviours and less likely to use contraception effectively than their older counterparts.

Contraception is the prevention of pregnancy using artificial methods such as condoms and birth-control pills or natural methods such as avoiding sex during the woman's known fertile periods. The use of contraception is one of the effective ways of preventing unwanted pregnancy. The modern contraceptive method has been shown to reduce unwanted pregnancy and maternal mortality. The concerns about the contraception as regards its effectiveness; efficiency and safety have been documented. There are available contraceptive methods which include oral and parenteral hormones (by injections, infusion and implantation), intrauterine contraceptive devices, barrier contraceptives and surgical contraceptive methods. Unplanned and unwanted pregnancy would be reduced by the use of contraception (Bastianelli, Farris and Benagiano, 2008).

The concept of development and modernization represents implicit as well as explicit value premises about desirable goals for achieving what Mahatma Gandhi once called the "realization of the human potentials." Concepts or goals of economic and social equality, the elimination of poverty, universal education, rising levels of living, health, national independence, modernization of institutions, rule of law and due process, access to opportunity, political and economic participation, grassroots democracy, self-reliance, and personal fulfillment all derive from subjective value judgments about what is good and desirable and what is not (Todaro and Smith, 2011). Development is needed to improve the human standard of living which cuts across all facets of life. Sustainable development is the development that meets the needs of the present without compromising the ability of future generations to meet their own needs (Todaro and Smith, 2011).

Education and knowledge is an indispensable tool for the success of sustainable development in Nigeria. Sustainable development can be achieved by inculcating dynamic training for better health for the youth. Good health could bring about attitudinal and value changes, policy innovation, political transformation and economic growth that could enhance the standard of living of the people.

## METHODOLOGY

Cross sectional survey was carried out in Enugu State, Southeast Nigeria between May and October 2013. The population of Enugu according to 2006, Nigerian census, and the Enugu metropolitan area has an estimated population of 722,664 (NPC, 2009). This estimate along with population estimates of other Nigerian cities have been disputed with accusations of population inflation and deflation in favour of the northern part of the country. The population of Enugu is predominantly Christian, as is the rest of southeastern Nigeria. Like the rest of Nigeria most people in Enugu speak Nigerian English alongside the dominant language in the region; which is Igbo. Enugu's economy in the early 20<sup>th</sup> century depended on coal mining in the Udi Plateau; this industry was the pushing force towards the city's growth. The Nigerian Coal Corporation has been based in Enugu since its creation in 1950 where it controlled coal mining.

In education, Enugu has these main tertiary institutions; the Enugu State University of Science & Technology (ESUT), University of Nigeria, Enugu Campus (UNEC); Caritas University, Godfrey Okoye University and the Institute of Management & Technology (IMT). The city also is home to Our Savior Institute of Science and Technology, a polytechnic. By stratified random sampling technique four tertiary institutions (2 Universities and 2 Polytechnics) were selected. By multistage sampling a total of 600 students were randomly selected in such a way that 150 students were chosen from each institution. The test was done by means of semi-structured anonymous questionnaire.

Fifty questionnaires were used for reliability test after validations by some experts. The questionnaires were distributed directly to the respondents who gave their consent to the researchers. The instrument was used to obtain information on the socio demographic data, the use of contraceptive and the attitude towards it, as well as sexual behavior of the respondents in relation to contraception.

## RESULTS

A total of six hundred (600) questionnaires were distributed but four hundred and fifty six (456) of them were correctly filled and these formed the basis of these tertiary institution students with aged between 18 and 40 years. The mean age is 23.85 years and standard deviation  $\pm 3.40$  years. The modal age of the respondents was 23 years. Three hundred and twenty two were females while one hundred and thirty four were males. Four hundred and twelve or 89.6% were single, forty or 9.8% were married and four or 0.4% was separated. Four hundred and twenty or 92.5% of the respondents were aware of the existence of contraception.

**Table 1: The Sources of Information about Contraception**

Sources of Information	Percentage (%)	Frequency
Nurses	1.0	4
Church	0.5	2
Doctor	10.7	45
Multiple sources	15.2	70
School	17.6	74
Workshop	4.3	23
Friends	19.0	95
Mass media (radio, TV, bill board, magazine, newspaper)	31.0	143
Unaware		36
<b>Total</b>	<b>100</b>	<b>456</b>

Source: (Author's field work, 2013)

The common sources of information about contraception were from mass media which showed 31.0% (143) of the respondents, friends 19% (95) of the respondents, and school 17.6% (74), doctors 10.7% (45) and church 0.5% (2). Sixty four (70) 15.2% respondents cited more than one sources of information.

Types of contraceptive methods known by the respondents are shown in table 2

**Table 2: Types of Contraceptive Methods Known by the Respondents**

Contraceptive Methods	Percentage (%)	Frequency
IUCD	1.9	8
Injectable	1.2	5
Billings	10.5	44
Pill	15.2	64
Withdrawal	2.6	11
Condom	37.4	157
Aware of more than one type	31.2	131
<b>Total</b>	<b>100</b>	<b>420</b>

Source: (Author's file work, 2013)

One hundred and fifty seven (157) of the respondents or 37.4 % of the group were aware of condom as contraception, while one hundred and thirty one (131) or 31.2% of the respondents were aware of more than one type of contraception and sixty four (64) or 15.2% of the respondents were aware of pills.

The types of contraceptives used by respondents

**Table 3: The Types of Contraceptives Used by Respondents**

Types of Contraceptive	Percentage	Frequency
Male condom	40.5	169
Pills	4.2	18
Injectable	1.9	8
IUCD	0.2	1
Billings	0.9	4
Emergency contraception	3.3	14
None of the above	49.0	206
<b>Total</b>	<b>100</b>	<b>420</b>

**Source:** (Author's filed work, 2013)

Table 3 shows that one hundred and sixty nine (40.5%) of the respondents who has ever practiced contraception used male condom as a contraceptive method, pills 18 (4.2%), injectable 8 (1.9%, Billings method 4 (0.9%), IUCD1 (0.2%), emergency contraception14 (3.3%) while 206 (49.0 %) do not practice any of the above contraceptive methods.

The various reasons why contraception was never practiced by the respondents

**Table 4: The Various Reasons why Contraception was Never Practiced by the Respondents**

Reasons	Percentage (%)	Frequency
Did not want to use contraceptive	17.1	35
Married	4.9	10
Did not need it	6.8	14
Afraid of the side effect	9.2	19
Unaware of contraception	17.4	36
Against religion belief	3.3	7
Safe period	2.9	6
Love/trusted partner	14.5	30
Not satisfying	7.3	15
Not yet married	5.8	12
Not afraid of infection	1.5	3
Raped	1.5	3
Underage	7.8	16
<b>Total</b>	<b>100</b>	<b>206</b>

**Source:** (Author' field work, 2013)

Thirty five respondents (17.1%) did not want to use contraceptives, thirty six (17.4%) did not use because of ignorance, while 30 respondents (14.5%) did not use contraceptive because of love/trusted partner, while 19 respondents (9.2%) did not want to use because of the side effect, (While 15 respondents (7.3%) did not want to use because of no satisfaction, also 16 respondents (7.8%) did not want to use because of underage.

## DISCUSSIONS

This study was carried out among tertiary students in Enugu state who are predominantly single, perceived to exhibit risk-taking behavior and therefore at the risk of unwanted pregnancy and sexually transmitted diseases. The study showed that there was awareness of at least a method of contraception among the respondents. This is similar to the findings with other studies (Obiechina, Mbamara, Ogelle and Akabuike, 2010).

The commonest method of contraception practiced is the use of male condom. This puts contraceptive decision among their male sexual partners thereby revealing the dominance psychology that has eaten deep into the fabrics of our

society. It is seen that most of the respondents did not use any contraceptive during or after their first coital activities. This is in agreement with the findings of some studies in the risk taking behaviour that is associated with the teenagers (Obiechina, Mbamara, Ogelle and Akabuike, 2010). This behavior could be attributed to ignorance of contraception before embarking on the first coital act. It could be observed that most respondents are sexually exposed before they receive either formal or informal sexual education. This is in accordance with some studies that revealed that many have become pregnant with the first sexual act (Abiodu, Adisa, Fawole, and Aderemi, (2007); (Awojolu, Ilesanmi, Roberts, and Okunola, (2009). It is important to note that more than 80% of the respondents have practiced unprotected sexual intercourse without any form of contraceptive. This is worrisome because of the risk and dangers involved in such social act.

Mass media and friends serving as major sources of information about contraception commonly occurs in communities where the parents and agents of socialization fail to provide such information which could be as a result of religious, socio-economic, cultural and political reasons. The agents of socialization include church, school, hospital, Non-governmental organizations (NGOs). The information gathered from friends most of the times are distorted, falsehood, and misconception (Abiodu, *et. al.*, 2007).

The major reason for not patronizing the “over the counter” sale of contraceptive drugs was the fear of adverse effect on their health. This could be due to misinformation. The major source of supply identified in this study was patent medicine stores. This is because these stores are located at the neighborhood and tend to be closer to the masses than the hospitals. The cost of buying the drugs could be cheaper and faster when compared to that of hospitals. The attitude of some health workers may also have contributed to non use of the formal agents as a source of contraception (Abiodu, *et. al.*, 2007).

Improvement on knowledge of the practice of contraception in every level of education in the society as a means of achieving MDGs goals 1, 4, 5 and 6 is necessary. It is worthy to note that all the agents of socialization should be involved in this fight. Parents and guardians should be encouraged to face the realities of sex education and feel free to discuss contraception with their children and their worth. Studies have shown that discussion of contraception has been shown not to increase promiscuity but rather will empower them to appreciate the problems associated with sex and the best way to prevent the occurrence (Awojolu, *et. al.*, 2009).

### **The Development Implications**

The students of the tertiary institutions are of the reproductive age ( $23.85 \pm 3.40$  years). Sexual activities without contraception predispose them to HIV/AIDS, illegal abortion, unwanted pregnancy, and other health related issues. This reduces the population of the national labor force and human capital, thereby telling on the most important factor of production and its contribution to the economic growth (Isife and Dioka, 2010).

The HIV/AIDS scourge adversely affects the economy, human resources and livelihood systems of the families, states and the nation at large. This could affect the poverty level of the state, since much money would be injected in HIV/AIDS programmes in the state without giving significant attention to the other sectors of the economy. Hence the youth will not be healthy enough to embark on their educational carriers which will affect development negatively. HIV/AIDS has also constrained infected households to dispose family assets, such as land, and other valuables in order to care for their sick family members which will further subject them to further poverty (Ugwu, 2010).

Illegal abortion could lead to untimely deaths of the youths. This reduces the population of the labor force which affects development. Unwanted pregnancy could lead to malnutrition. This in turns affects the health of the young parents and could lead to death. Unwanted pregnant could lead to out of school by the young people. This will affect development negatively because any society without educated people will be behind in terms of achieving sustainable development. Knowing that education affects all aspects of live we will do everything to uphold it in the society.

## CONCLUSIONS

The students of the tertiary institutions in Enugu state were found to be exposed to unprotected sex. This could lead to much health related problems, out of school, HIV/AIDS, and even death. This has serious implications for national development, since most of them are of the productive age bracket.

## RECOMMENDATIONS

Our educational curricula should be restructured to involve sexual reproductive health early in educational life of our children. This will help to expose them to the right information about the reproductive health as well as the importance of contraception. If this is done there will be effective and efficient use of contraception by the young ones in order to avoid the ugly effects that are associated with unprotected sex such as abortion, unwanted pregnancies, and sexually transmitted diseases. Capacity building/training and recruitment of more health professionals, peer health educators and teacher counselors need to be intensified through regular conferences, seminars and workshops. This will help to address the present challenges of increase in the number of HIV positive persons due to none exposure to contraception.

## REFERENCES

1. Abiodu, P. A, Adisa, A, Fawole, M. and Aderemi, I. (2007). Knowledge and previous contraceptive use by pregnant teenagers in Ilorin Nigeria. *Tropical Journal of Obstet. Gynaecol*, 18; 2: 73-77.
2. Akingba, J. and Adedova B. (2010). Abortion a medico-social problem. *Journal of Nigeria Medical Association*, 7; 2: 17-25.
3. Awojobolu, A. O, Ilesanmi, A. O., Roberts, O. A, and Okunola, M. A. (2009). Sexuality, Contraceptive Choice and AIDS awareness among Nigerian Undergraduates. *African Journal of Reproductive Health*, 6; 2: 60-70.
4. Bastianelli, C. Farris M. and Benagiano G. (2008). Emergency Contraception; a review. *Eur. J. Contracept. Reprod. HealthCare*, 13; 1: 9-16.
5. Isife, C. T. and Dioka, E. C. (2010). Zinc and Selenium Levels in Smokers Exposed to Lead and its development Implications, *Sustainable Human Development Review*, 2: 1: 43-55.
6. National Population Commission. (2009). Nigeria and ICF Macro, *Nigeria Demographic and Health Survey 2008*, Abuja, Nigeria.
7. Obiechina, J. N, Mbamara, S. U, Ogelle, M. O. and Akabuike, C. J. (2010).Knowledge, Attitude and Practice of Contraception Among students in Tertiary Institutions in Anambra State Southeast Nigeria.
8. Obionu, C. N. and Okonkwo, J. (2009). Knowledge and Practice of emergency contraception by adolescent females. *Tropical Journal of Obstet. and Gynaecol*. 16; 1: 27-32.

9. Todaro, M. P and Smith, S. C. (2011). *Economic Development*, England: Pearson Educational Limited.
10. Ugwu, D. S. (2010). The Effects of HIV/AIDS on Agriculture in Enugu State. Nigeria. *Journal of Applied Sciences and Development* 1; 1: 41-56.
11. WHO and United Nations Children Education Fund (UNICEF). (2007). estimates of maternal Mortality, A new approach by WHO and UNICEF Geneva.

